

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/017555

FILING DATE

APPLICANT(S)

10-15-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/				/	
4	/				/	
5	/				/	
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50					/	
TOTAL IND.	1		2			
TOTAL DEP.	8		45			
TOTAL CLAIMS	9		47			

	*		*		* 1075-04	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						/
53						/
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99						
100						
TOTAL IND.					1	
TOTAL DEP.					24	
TOTAL CLAIMS	9		47		25	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY